

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals ServicePROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF United States of America		COURT CASE NUMBER 18-03580	
DEFENDANT JILL N. SCHRECK a/k/a JILL NADINE SCHRECK		TYPE OF PROCESS Handbill	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN JILL N. SCHRECK a/k/a JILL NADINE SCHRECK		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP code) 215 West Pen Argyl Street Pen Argyl, PA 18072		
SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	RECEIVED UNITED STATES MARSHAL EASTERN DISTRICT OF PENNSYLVANIA 2019 MAR 13 PM 12:57
KML Law Group, P.C. 701 Market St. Suite 5000 Philadelphia, PA 19106		Number of parties to be served in this case	
		Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers and Estimated Times Available for Service)			
Please post the property by April 22, 2019. <div style="text-align: center;"> FILED APR 02 2019 KATE BARKMAN, Clerk By _____ Dep. Clerk </div>			
Signature of Attorney other Originator requesting service behalf of		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 215-627-1322 DATE 3/11/19

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. D66	District to Serve No. D66	Signature of Authorized USMS Deputy or Clerk <i>Joseph John</i>	Date 3/11/19
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)				Date 03/11/19	Time 3:15 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy DUSA WAK 4029	
Service Fee	Total Mileage Charges (including endeavors) 32.545 = 17.44	Forwarding Fee	Total Charges \$18.56	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$18.56 - \$0.00
REMARKS .58 \$18.56					

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT* To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/80